Nebraska Medicaid

DUR Matters

Newsletter of the Nebraska Drug Utilization Review (DUR) Program

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2013 Year in Review

Over the past year, the DUR Board conducted several specific profile reviews and sent letters to providers. Each month, profiles are reviewed for patients who have been identified as utilizing multiple prescribers and pharmacies. Prescribers and pharmacies are contacted and provided with a complete medication profile and a response form to indicate whether the provider was aware of the multiple providers that a patient was utilizing. Responses from the providers are used to determine if a patient should be required to be "locked in" to a single prescriber and/or pharmacy. The DUR Board also reviewed profiles of patients for the following:

- Patients 18 years of age and younger taking 5 or more psychotropic medications
- Patients taking topical testosterone without an indicated diagnosis
- Non-compliance with atypical antipsychotic therapy
- Adult patients taking more than one atypical antipsychotic
- Children taking more than one atypical antipsychotic
- Patients taking doses above the new FDA recommendations for zolpidem
- Patients taking two or more overlapping prescriptions of short acting narcotics
- Patients taking more than one daily dose of Zyprexa® or Abilify®
- Patients taking high doses of stimulants
- Overuse of short-acting beta agonist inhalers
- Patients taking bisphosphonates without a prescription claim for calcium supplementation

The DUR Board recommended that claims should deny for patients taking doses exceeding the revised FDA recommendation for zolpidem. Nebraska Medicaid accepted this recommendation and edits will be put in place on January 23, 2014 to deny claims for women exceeding 5 mg and for men exceeding 10 mg of the immediate-release zolpidem.

Patients who are enrolled in the Lock-In Program are reviewed biennially to determine if the patient should remain in the Lock-In Program. These reviews are coordinated with the patient's managed care plan to evaluate the entire health care profile including medical claims data and pharmacy claims. Information about case management, diagnoses, and emergency room use are paired with data from the filling pharmacy to support a recommendation to DHHS for the continuation or termination of Lock-In.

New drug products which are not included in the Preferred Drug List are reviewed by the DUR Board. In 2013, the DUR Board reviewed Stribild®, Linzess® and Xtandi®. The Board recommended a quantity limit of one tablet per day for Stribild®,which was adopted by Nebraska Medicaid. It was recommended that patients must be 18 years of age or older to receive Linzess® and that a quantity limit of one tablet per day be put in place, which was adopted by Nebraska Medicaid. Xtandi® was recommended to be used only in male patients who are 19 years of age and older, with a limit of 160 mg per day, which was adopted by Nebraska Medicaid.

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